

EXHIBIT B: SITE CONTROL

Applicants must have obtained sufficient site control to allow projects to move forward if they receive a reservation of funds. Generally, this should be for at least 180 days from the application deadline date (including extension options) with an option to extend the control for another 180 days. Acceptable evidence of site control includes deeds, contracts of sale, leases with purchase option or other forms acceptable to the Department.

ATTACHMENTS

☐ Evidence of Site Control

EXHIBIT C: UTILITY AVAILABILITY

Provide evidence that public water and sewer, electric, gas and telephone services are at project sites or will be available during the construction or rehabilitation period. Acceptable evidence of utility availability may include a letter from the development team's civil engineer, the utility company providing the service, a responsible local official, or, for existing buildings, copies of recent utility bills. If any of the utility services are not applicable for the project, provide a description indicating which service is not applicable and the reason.

ATTACHMENTS

- ☐ Evidence of Public Water
- ☐ Evidence of Public Sewer
- ☐ Evidence of Electric Service
- ☐ Evidence of Gas Service
- ☐ Evidence of Telephone Service
- ☐ Copy of Certificate of Occupancy [if Building(s) currently occupied]

EXHIBIT D: ZONING

Properties should be properly zoned for their intended use. A letter from the Zoning Commission and/or Board of Zoning Adjustment indicating that the project is properly zoned for its intended use should be included in this exhibit. If a zoning change, variance or exception is required, sponsors must provide documentation illustrating the planning and zoning process and identifying a contact person familiar with the project and responsible for the approval process. Sponsors must also provide a detailed schedule for obtaining the required approvals.

ATTACHMENTS

- ☐ Evidence of Zoning with Local Contact Information
- ☐ Description of Change, Variance or Exception
- ☐ Detailed Schedule for Obtaining Required Approvals

EXHIBIT E: GEOGRAPHIC TARGETING

If an applicant seeks points for geographic targeting under the terms of the Request for Proposals, the applicant must provide documentation showing that the project will be located in a strategic neighborhood investment area, Neighborhood Revitalization Strategy Areas, Enterprise Zone or Enterprise Community.

ATTACHMENTS

- ☐ Evidence of location in a strategic neighborhood investment area, Neighborhood Revitalization Strategic Area, Enterprise Zone or Enterprise Community.

EXHIBIT F: SITE MAP AND PICTURES

Include a site map clearly showing area amenities (such as schools, parks, shopping and public transportation); a narrative description of directions to the site; and color photographs of the site, any existing buildings, and the adjacent properties. Each picture should contain a description of the location of the photographed site relative to the subject site and a description of the surrounding property's use.

ATTACHMENTS

- ☐ Site Map
- ☐ Direction to Project Site
- ☐ Photographs of Project Site and Surroundings

EXHIBIT G: ENVIRONMENTAL ASSESSMENT

Each project must comply with applicable requirements of local and federal environmental laws and regulations. An initial due diligence evaluation of the site for environmental issues is required. This evaluation includes a review of foundation conditions, man-made hazards, storm water runoff, underground storage tanks, and potential for lead-based paint, radon gas, PCBs or asbestos in existing buildings.

You may use the attached Environmental Due Diligence Checklist for the preliminary evaluation of the site. If a U.S. Department of Housing and Urban Development environmental clearance has already been performed, you may submit it with the application instead of the Environmental Due Diligence Checklist.

ATTACHMENTS

- ☐ Environmental Due Diligence Checklist (form attached)

ENVIRONMENTAL DUE DILIGENCE CHECKLIST

Project:_____

Date:_____

Investigator:_____

Percentage of Living Units Reviewed:_____ %

Percentage of Site Actually Walked And Observed:_____ %

Environmental Risks	Observed	Possible	Not Observed
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Containing Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground Storage Tanks, Lines and Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Ground Chemical Storage or Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible Soil Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buried Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB Transformers or Light Ballast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface Water Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive Adjacent Properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential Contaminated Adjacent Properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Emissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetland Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Sewer Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-lot Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface Impoundment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foul Odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Drain or Disposal Pit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Material Management Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL DUE DILIGENCE CHECKLIST (Cont'd.)

Geologic Features		Observed	Not Observed
Streams		<input type="checkbox"/>	<input type="checkbox"/>
Ponds		<input type="checkbox"/>	<input type="checkbox"/>
Sink Holes		<input type="checkbox"/>	<input type="checkbox"/>
Rock Outcrops		<input type="checkbox"/>	<input type="checkbox"/>
Springs		<input type="checkbox"/>	<input type="checkbox"/>
Steep Slopes		<input type="checkbox"/>	<input type="checkbox"/>
Poor Drainage		<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT G-1: Lead-Based Paint

This Exhibit addresses two areas related to lead-based paint (LBP): Disclosure, and information requested below on LBP presence and testing. Requirements of the Disclosure Rule have been in effect since 1996 - <http://www.hud.gov/offices/lead/disclosure/index.cfm>. This requires that landlords and/or property managers disclose any known lead-based paint and lead-based paint hazards when renting a unit. A sample disclosure form is contained in Appendix B of the Lead-Safe Housing Addendum in the RFP Reference Guidebook. As part of disclosure, the tenants must be given a copy of the pamphlet "Protect Your Family from Lead in Your Home" - <http://www.hud.gov/offices/lead/>.

ATTACHMENTS

- ☐ Evidence of Disclosure (if the presence of lead is known to exist)
- ☐ Completed Requested information below

REQUESTED INFORMATION

1. How old is the property? _____
2. Is there a known presence of Lead-Based Paint (LBP)? Y/N____
3. If the presence of lead is known, has it been disclosed to the tenants if the property was occupied at the time the presence of lead was determined? Y/N____
4. If disclosure has taken place, provide evidence of disclosure.
5. How was the presence of LBP determined? _____

3. What documentation exists that identifies the presence of LBP (e.g., Phase 1 environmental, lead survey, lead inspection, etc.)? _____

4. Has a risk assessment been performed? Y/N____
If yes, please provide a copy with proposal.
5. Are LBP hazards present (peeling, chipped or cracked LBP)? Y/N____
6. Is the building occupied? Y/N____
7. Are there children under 6 residing at the property? Y/N____
8. Has there been previous testing of children residing at the property? Y/N

EXHIBIT H: OPERATING STATEMENTS

For existing and occupied projects, provide audited financial statements for the prior three fiscal years of project operations. If audited statements are not available, three fiscal years of un-audited financial statements and three corresponding years of certified federal income tax returns of the project should be submitted.

ATTACHMENTS

- ☐ Audited Financial Statements
- ☐ Un-Audited Financial Statements (only if audited financial statements are not available); or
- ☐ Certified Federal Income Tax Returns (only if audited financial statements not available)

- ☐ **Not Applicable.** No information is required for projects that do not exist or are not occupied at the time of application.

EXHIBIT I: RELOCATION AND ANTI-DISPLACEMENT STRATEGY

For existing and occupied buildings, the applicant must submit a draft of the Relocation and Anti-Displacement Strategy for projects that result in the temporary or permanent displacement of current occupants. The Relocation and Anti-Displacement Strategy (due with the Preliminary Application) provides the groundwork for the Relocation and Anti-Displacement Plan (due prior to Initial Closing). Instances where a Strategy and Plan are required include the following, regardless of funding source:

- Tenants will be required to move to facilitate rehabilitation of the building;
- Demolition of existing dwelling units or buildings which are occupied at the time of acquisition or site control; or
- Tenants will be displaced because the proposed rents are not affordable.

If the project will result in the relocation of any tenants (i.e. households or businesses), the Department requires that the applicant will comply with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Act of 1970 (42 U.S.C. 4601 also known as “URA”) and §104(d) of the Housing and Community Development Act of 1974 [42 U.S.C. §5304(d)] **if HOME or CDBG funds are used**, or the local relocation regulation found at Title 10, District Code of Municipal Regulations (DCMR) Chapter 22 **if HPTF is used**, regarding resident notice and compensation.

Applicants should make themselves familiar with the requirements of URA, §104(d) or 10 DCMR 22, as applicable, including notices from both the purchaser and seller to residents that may apply to their project:

- Tenant notices required before submitting an application for financing. A suggested form of General Information Notification for all current tenants in the project (whether temporarily relocated or not) is provided. This notification is required for all projects with the Final Application.
- Other notices following the General Information Notification.
- Seller notices required before executing a sales contract indicating that the sale is voluntary.

The relocation and anti-displacement strategy must outline the procedures the developer will implement to temporarily and/or permanently relocate tenants during the rehabilitation. The strategy should also estimate all costs and expenses that will be paid by the developer or reimbursed to tenants and the source of funds to cover these relocation costs. In addition, applicants should provide a copy of any notification letter sent to current residents, evidence of the manner the notice was delivered (for example, personally served or certified mail) and a list of current tenants, which includes their name, household size and income level (if available).

ATTACHMENTS

With Preliminary Application:

- ☐ Draft Relocation Strategy (see attached Guidelines) – with Preliminary application
- ☐ Relocation Budget – with Preliminary Application

After Preliminary Application:

- ☐ Tenant General Information Notification (form attached)
 - ☐ Seller Notification
 - ☐ Evidence of Delivery Method of Notifications
 - ☐ List of Current Residents
-
- ☐ **Not Applicable.** No information is required for projects that are not existing or not occupied at the time of application.

FORM OF TENANT NOTIFICATION

[Date]

[Name]
[Address]

Dear [Name]:

The [Name of Applicant] is interested in buying the building you live in at [Building Address]. The [Name of Applicant] plans to apply for a loan or grant to rehabilitate the building from the District of Columbia Department of Housing and Community Development.

If the loan or grant is provided and the building is rehabilitated, you will not be displaced. Therefore, we urge you not to move anywhere at this time. If you do choose to move, you will not receive any money to help you relocate.

If a loan or grant is provided, you will be able to rent your present apartment (or another suitable, decent, safe and sanitary apartment in the same building) when the rehabilitation is done. Of course, you must comply with standard lease terms and conditions. After the rehabilitation, your rent, including the estimated average monthly utility costs, will not be more than:

- Your current rent and average utility costs, or
- 30% of your average monthly gross household income.

If you must move temporarily so that the rehabilitation can be completed, the owner will find another apartment for you, and will pay for all reasonable extra expenses, including all moving costs and any increase in rent and utility costs.

Again, we urge you not to move. If the funding is approved, you can be sure that we will make every effort to accommodate your needs. If federal assistance would be involved, you would be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

This letter is important and you should keep a copy of it. You will be contacted soon with more information. In the meantime, if you have any questions about our plans, please contact [Name of Representative], [Title of Representative], at [Telephone Number], [Address].

Sincerely,
[Signature]
[Name]
[Title]

GUIDELINES FOR DEVELOPING A RELOCATION AND ANTI-DISPLACEMENT STRATEGY

A relocation and anti-displacement strategy is required for projects that result in the temporary or permanent displacement of current occupants of the building. The strategy must outline the procedures the developer will implement to relocate tenants during the rehabilitation. The strategy should also identify all costs and expenses that will be paid by the developer or reimbursed to tenants and the source of funds to cover these relocation costs.

GENERAL INFORMATION

Provide information on the existing tenants in the project, the scope of relocation activities and interim rent increases.

1. Who will be responsible for the carrying out the relocation and anti-displacement strategy?

2. What are the household sizes, family composition (for example, individual, family, elderly) and income levels of the existing tenants?

3. How long are tenants likely to be temporarily displaced?

4. How many ineligible tenants are likely to be permanently displaced?

5. How will the amount of rent increases be determined from the period of application to loan closing (rent increases may not exceed 10% per year without the Department's approval)?

TENANT NOTIFICATION

When tenants will be permanently or temporarily relocated, discuss the procedures to notify tenants at various stages in the process.

6. What are the procedures that have or will be used to initially notify tenants of the proposed rehabilitation of the project (including the type of notifications and the timing)?

7. What procedures will be used to notify tenants of the proposed rent levels after the completion of the rehabilitation (including the type of notifications and the timing)?

8. What are the procedures that will be used to notify tenants of their options concerning permanent or temporary replacement housing and what assistance is available to them (including the type of notifications and the timing)?

9. What are the procedures for notifying tenants that they will be relocated either permanently or temporarily (notifications must be in writing and personally served or sent by certified mail within 90 days of relocation)?

10. What procedures will be in place to document notifications to tenants at all stages of processing and rehabilitation?

REPLACEMENT HOUSING OPTIONS

Address the procedures that will be used to relocate tenants that will be permanently displaced and the process for identifying options for tenants for reasonable replacement housing.

11. How will options for reasonable replacement housing be determined considering factors such as affordability, proximity to the project, desirability of the neighborhood and desirability of the units?

12. If acceptable replacement housing is not available, what is the amount of payment that will be provided to tenants to account for increased housing costs?

TEMPORARY HOUSING OPTIONS

Address the procedures that will be used to relocate tenants that will be temporarily displaced and the process for identifying options for tenants for reasonable temporary housing.

13. How will options for reasonable temporary housing be determined considering factors such as affordability, proximity to the project, desirability of the neighborhood and desirability of the units?

14. If acceptable temporary housing is not available, what is the amount of payment that will be provided to tenants to account for increased housing costs?

15. How will tenant moves to and from the project or between units within the project be coordinated?

FINANCIAL REIMBURSEMENT

Outline the costs that will be reimbursed to tenants that are displaced.

16. What procedures will be used to reimburse tenants for moving expenses to and from replacement and what is the maximum reimbursement per unit?

17. What procedures will be used to reimburse tenants for increased housing costs incurred during the temporary relocation?

COMMUNICATION AND ASSISTANCE

Describe the access tenants will have to project staff and other assistance that will be provided to ease the transition.

- 18.** When will tenants have the opportunity to meet personally with the resident manager to discuss questions and concerns about the relocation process?
- _____
- _____
- 19.** What advisory services or counseling will be provided to minimize the hardships in adjusting to required permanent or temporary relocation?
- _____
- _____
- 20.** If tenants feel that they have not received proper relocation payments or opportunities to relocate to acceptable replacement housing, what process will they have to appeal?
- _____
- _____
- _____

EXHIBIT J: CONTRACT AFFIDAVIT

Members of the development team must not be debarred, suspended or voluntarily excluded from participation in any federal or District program. Members of the development team are individuals or organizations, including officers and directors of corporate members of the team, general partners of partnership members, and members of limited liability company members, that are involved in the development of the project in any of the following roles:

- Applicant
- Developer
- Guarantor
- Owner (including any ownership interest other than limited partners)
- Architect
- General Contractor
- Management Agent
- Consultant

All members of the development team must certify on the required form that, among other things, they are not debarred from participation in any federal program nor have any unresolved default or noncompliance issues with the District of Columbia.

ATTACHMENTS

- ☐ Contract Affidavit (form attached)

FORM OF CONTRACT AFFIDAVIT

AUTHORIZED REPRESENTATIVE

I HEREBY AFFIRM THAT I am the [Title of Representative] and the duly authorized representative of [Name of Organization] and that I possess the legal authority to make this Affidavit on behalf of myself and the organization for which I am acting.

CERTIFICATION OF CORPORATION REGISTRATION AND TAX PAYMENT

I FURTHER AFFIRM THAT the organization named above is a [Domestic or Foreign] corporation duly registered in accordance with the laws of the District of Columbia and is in good standing. The name and address of its resident agent is:

[Name of Organization]
[Address of Organization]
[if not a corporation, state so]

I FURTHER AFFIRM THAT, except as validly contested, the organization has paid, or will have paid all income and withholding taxes due to the District of Columbia prior to execution of any funding agreement.

AFFIRMATION REGARDING BRIBERY CONVICTIONS

I FURTHER AFFIRM, to the best of my knowledge, information, and belief, that neither I nor the above organization, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies has been convicted of, or has had probation before judgment imposed, or has pleaded nolo contendere to a charge of bribery, attempted bribery, or conspiracy to bribe in violation of any District of Columbia or federal law.

AFFIRMATION REGARDING OTHER CONVICTIONS

I FURTHER AFFIRM, to the best of my knowledge, information, and belief, that neither I nor the above organization, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies has been convicted of a criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract, fraud, embezzlement, theft, forgery, falsification or destruction of records, or receiving stolen property; or admitted in writing or under oath, during the course of an official investigation or other proceeding, acts or omissions that would constitute grounds for conviction or liability under any law or statute described above.

AFFIRMATION REGARDING DEBARMENT

I FURTHER AFFIRM, to the best of my knowledge, information, and belief, that neither I nor the above organization, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity.

AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES

I FURTHER AFFIRM THAT (a) the organization was not established and it does not operate in a manner designed to evade the application of or defeat the purpose of debarment; and (b) the organization is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred organization.

SUBCONTRACT AFFIRMATION

I FURTHER AFFIRM, to the best of my knowledge, information, and belief, that neither I nor the above organization, has knowingly entered into a contract with a public body under which a person debarred or suspended will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

ACKNOWLEDGMENT

I ACKNOWLEDGE THAT this Affidavit is to be furnished to the District of Columbia Department of Housing and Community Development and may be distributed to units of (a) the District of Columbia government; (b) other states; and (c) the federal government. I further acknowledge that this Affidavit is subject to applicable laws of the United States and the District of Columbia, both criminal and civil, and that nothing in this Affidavit or any agreement resulting from the submission of this proposal shall be construed to supersede, amend, modify, or waive, on behalf of the District of Columbia, or any unit of the District of Columbia having jurisdiction, the exercise of any statutory right or remedy conferred by the Constitution and the laws of the District of Columbia with respect to any misrepresentation made or any violation of the obligations, terms and covenants undertaken by the above organization with respect to (a) this Affidavit, (b) the contract, and (c) other Affidavits comprising part of the contract.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

WITNESS

[NAME OF ORGANIZATION]

[Signature of Witness]

[Name of Witness]

(date)

[Signature of Representative]

[Name of Representative]

(date)

[Title of Representative]

EXHIBIT K: DEVELOPER EXPERIENCE

Staff will evaluate the developer based on its record of accomplishment with projects that are similar to the proposed project. Information must be submitted for each of the following members of the development team: corporate general partners of the owner/mortgagor (including non-profits); individual general partners of the owner/mortgagor; and development consultants.

A Form 203—Developer’s Qualifications that addresses the experience and qualifications of the team member must be submitted along with the supporting information listed below. This should contain information on the members’ experience with other projects of similar type, scale and complexity and in a similar capacity..

- Resumes for each principal and affiliate of the development entity that will have responsibility for or involvement in the project
- Development Team Member Current Workload (form attached)
- Current financial statements of the development entity
- At least three business or professional references

ATTACHMENTS

- ☐ Form 203 — A. Developer’s Qualifications (form attached)
B. Development Team Member Current Workload
- ☐ Resumes
- ☐ Financial Statements
- ☐ References

	DEVELOPER'S QUALIFICATIONS							FORM
								203
Principal Office of Organization								
Name of Organization								
Mailing Address								
Contact				Phone	()	-		
Title				Fax	()	-		
				E-mail				
Type of Organization (<i>mark only one box</i>)								
<input type="checkbox"/>	Individual		<input type="checkbox"/>	General Partnership				
<input type="checkbox"/>	Corporation		<input type="checkbox"/>	Limited Partnership		<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Limited Liability Corporation							
Year Organized			<i>(not applicable to individuals)</i>					
Is the entity organized under the laws of the District of Columbia? If no, indicate State of organization.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity qualified to do business in the District of Columbia? If no, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the development entity required to file periodic reports with the Federal Securities and Exchange Commission or any other federal or state agency?								<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal Participants								
List all principals and affiliates (individuals, businesses and organizations) that have an interest (financial or otherwise) in the development entity.								
<i>Name and Address</i>			<i>Taxpayer ID</i>		<i>Title or Role</i>	<i>Interest (%)</i>	<i>Character and Extent of Interest</i>	
Previous Experience								
Has the development entity (<i>or any of its principals and affiliates</i>), or the property of the proposed project, ever been delinquent on City obligations, including income taxes, real estate taxes and water and sewer charges? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the development entity (<i>or any of its principals and affiliates</i>), ever been a party to chronic housing code violations, excessive tenant complaints, or substantial judgements within the past five years? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the development entity (<i>or any of its principals and affiliates</i>) ever had chronic past due accounts, substantial liens or judgements, foreclosures or bankruptcies within the past five years; or defaulted on any obligation to the District of Columbia within the past ten years.? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the development entity (<i>or any of its principals and affiliates</i>) ever had a limited denial of participation from HUD or been debarred, suspended or voluntarily excluded from participation in any federal or state program? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the development entity (<i>or any of its principals or affiliates</i>) participated in the development or operation of a project that experienced a default? If yes, provide the number of developments and explain (<i>including the name and location of the development, circumstances surrounding each default, its cure, workout and mortgage modification arrangements, assignments, foreclosures, etc.</i>).								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a petition of involuntary bankruptcy ever been filed against the development entity? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the development entity ever filed a petition of bankruptcy? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the development entity ever made an assignment for the benefit of creditors? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No

DEVELOPMENT TEAM MEMBER CURRENT WORK LOAD

List projects currently underway by: _____

Name and Address of Project	Type of Project ¹	Type of Construction ²	Size of Project ³	Anticipated Date of Completion	Financing and Subsidies ⁴	Team Member's Role
1. Show the type of project, for example, rental, home ownership, commercial or mixed use.						
2. Show the type of construction, which includes substantial rehabilitation, moderate rehabilitation, new construction or financial restructuring.						
3. Show the number of affordable units, the number of unrestricted units and square footage.						
4. Show the type of financing or subsidy and the lender or agency involved.						

EXHIBIT L: GENERAL CONTRACTOR EXPERIENCE

Staff will evaluate the general contractor based on its record of accomplishment during the past five years with projects that are similar to the proposed project. If a general contractor has been identified at the time of application, a resume that addresses the experience and qualifications of the general contractor must be submitted. This should contain information on the contractor's experience with other projects of similar type, scale and complexity and in a similar capacity. In addition, please submit AIA Document A305 -- Contractor's Qualification Statement with the Department's supplement as part of the application.

If the general contractor has not been selected but will be selected through a competitive bid process later, please contact the Department for additional instructions before submitting an application for financing.

ATTACHMENTS

- ☐ Resume
- ☐ AIA Document A305—Contractor's Qualification Statement
- ☐ Supplement to the AIA Document A305—Contractor's Qualification Statement (form attached)

SUPPLEMENT TO THE AIA DOCUMENT A305—CONTRACTOR’S QUALIFICATION STATEMENT

SUPPLEMENTAL INFORMATION

1. List which trades, if any, will be performed directly by the Organization’s own personnel or by identity of interest subcontractors, and not by outside subcontractors, in the construction of the proposed housing development. If none, so state.

2. Neither the contractor nor any director, stockholder, officer, employee or agent associated with the contractor nor any person, organization or corporation has any financial interest in said property, and has not received nor will receive any benefit from the acquisition of said property, including but not limited to rebate, refunds, commissions or fees, except as hereunder disclosed. If none, so state.

3. The undersigned hereby certifies that neither the Organization nor any partner, director, stockholder, officer, employee or agent associated with the Organization nor any person, organization or corporation having a financial interest in the affairs of the Organization, has agreed, or will agree, directly or indirectly, or with the Organization’s knowledge and consent, to give to any other party any payment or thing of value, profit or fee, or commission as an inducement for the granting of this contract, except as hereunder disclosed. If none, so state.

4. Has the Organization, under its present name or any previously used name, or any of its principals, ever commenced construction of a project that it has not completed, except those currently under construction? If yes, provide details. Use extra sheets if necessary.

5. In answering the following questions, the term “Principal” (as listed in paragraph 2 above) also includes any other Organization in which such person participated as a Principal.

- 5.1. Have any of the Principals ever filed a petition of
bankruptcy?

SUPPLEMENT TO THE AIA DOCUMENT A305 (Cont'd.)

- 5.2. Has there ever been a petition of bankruptcy filed against the Organization or any of the Principals? ☐Yes ☐No
- 5.3. Has the Organization or any of the Principals ever made an assignment for the benefit of creditors? ☐Yes ☐No
- 5.4. Are there any unsatisfied judgments or liens against the Organization or any of the Principals? ☐Yes ☐No
- 5.5. Has the Organization or any of the Principals been a party to any litigation within the last five years? ☐Yes ☐No

If the answer to any of the questions in paragraph 5 is yes, give details. Use additional sheets if necessary.

6. Has the Organization, or any of the Principals, ever been convicted of a crime? If yes, give details including the name of the entity or person, when and where convicted, and the crime or offense involved.

7. Can the Organization obtain 100% payment and performance bonds for constructing the subject development?

CERTIFICATION

The undersigned hereby certifies that he/she is the duly authorized representative of the Organization and that the information set forth in this certificate, and in any attachments in support thereof, is true, correct and complete to the best of his/her knowledge and belief.

IN WITNESS WHEREOF, the General Contractor has caused this certificate to be duly executed in its name on this _____ day of _____, _____.

NAME OF ORGANIZATION

By:_____
Name:_____
Title:_____

EXHIBIT M: ARCHITECT EXPERIENCE

Staff will evaluate the architect based on its record of accomplishment during the past five years with projects that are similar to the proposed project. A resume that addresses the architect's experience and qualifications must be submitted. This should contain information on the architect's experience with other projects of similar type, scale and complexity and in a similar capacity. In addition, please submit AIA Document B431 -- Architect's Qualification Statement as part of the application.

ATTACHMENTS

- ☐ Resume
- ☐ AIA Document B431—Architect's Qualification Statement (Supplied by the Applicant/Applicant's Architect)

EXHIBIT N: MANAGEMENT AGENT EXPERIENCE

Staff will evaluate the management agent based on its record of accomplishment during the past five years with projects that are similar to the proposed project. Please submit the Department's Form 209 – Management and Marketing Agent's Qualifications as part of the application along with the supporting information listed below. This should contain information on the management agent's experience with other projects of similar type, scale and complexity and in a similar capacity.

- Resumes for each member of the firm or the management division that will have responsibility for or involvement in the project, including the executive officer or partner-in-charge, supervisor and resident manager
- Apartment Management and Marketing Experience (form attached)
- Sample management materials, including financial statements, budgets, work order system, and maintenance programs
- Sample marketing materials, including marketing plan, rental brochure, press release, photographs of models and community spaces, newspaper advertisements and direct mail advertisements
- Current financial statements of the firm. Financial statements do not need to be in audited form. Please provide compiled, reviewed or certified financial statements for the company's previous fiscal year.
- References of the firm, including bank, professional and client

On an individual basis, management agents may keep previous forms on file with the Department so that only updates are required with each application.

ATTACHMENTS

- ☐ Form 209 – Management Agent's Qualifications and Apartment Management Experience (form attached)
- ☐ Resumes
- ☐ Development Team Member Current Workload (form attached to Exhibit)
- ☐ Sample Management Materials
- ☐ Sample Marketing Materials
- ☐ Current Financial Statements
- ☐ References



MANAGEMENT AGENT'S QUALIFICATIONS

FORM

209


1. Principal Office of Firm							
Name of Firm							
Mailing Address							
Contact				Phone	()	-	
Title				Fax	()	-	
Territory/Cities Covered				E-mail			
2. Other Offices of Firm							
Mailing Address							
Contact				Phone	()	-	
Title				Fax	()	-	
Territory/Cities Covered				E-mail			
Mailing Address							
Contact				Phone	()	-	
Title				Fax	()	-	
Territory/Cities Covered				E-mail			
3. Type of Firm (mark only one box)							
<input type="checkbox"/> Individual		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Liability Corporation			
<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Other:			
Year Founded							
Year Property Management Activities Began							
4. Bookkeeping							
Indicate the software used by the Firm for its bookkeeping:							
5. Residential Property Management Experience (Over the past three years)							
Type of Project		Number of Projects	Number of Residential Units	Average Percentage Management Fee			
Apartments							
Condominiums							
Single Family							
Other (describe)							
Total							
Has the management agent managed a Department-financed project for at least the two previous years? If no, complete all of the remaining sections. If yes, jump to section number 12 and answer all the remaining questions.							<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Marketing Services (mark the appropriate box for the following marketing services)								
<i>Services</i>				<i>Provided by Firm</i>	<i>Provided by Subcontractor</i>	<i>Not Provided</i>		
Preparation of Marketing Plans				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparation of Rental Brochures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparation of Press Releases				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Decoration of Models and Community Spaces				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparation of Displays and Classified Copy of Newspaper Advertisements				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparation of Direct Mail Advertising				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Other Services and Functions								
Does the management agent provide any of the following services or functions? If these services are offered under a different firm or trade name, please indicate such name and relationship to firm (for example, parent corporation, subsidiary, similar principals, etc.)								
<i>Service or Function</i>			<i>Provided?</i>	<i>Provided By</i>			<i>Relationship</i>	
Real Estate Sales or Brokerage			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Mortgage Banking or Brokerage			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Real Estate Development			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Real Estate Appraisals			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Insurance Agency or Brokerage			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Market Analysis			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Feasibility Studies			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (describe)			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (describe)			<input type="checkbox"/> Yes <input type="checkbox"/> No					
8. Staff of Firm								
<i>Staffing</i>						<i>Currently</i>	<i>Two Years Ago</i>	
Number of Employees of Firm								
Number of Executive and Professional Persons in Firm								
Number of Executive and Professional Persons Engaged in Property Management and Marketing Activities								
9. Experience with the Department (indicate the names and addresses of DHCD financed projects that the management agent has managed)								

10. Tenant Services								
Does the management agent provide special personnel or special programs to assist tenants with social problems? If yes, describe.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the management agent provide its staff with special training regarding tenant relations, social problems, etc. If yes, describe.								<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Bonding								
Does the management agent have a surety bond? If yes, show the following informaton.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Bond		\$						
Name of Bonding Company								
If the management agent does not have a surety bond, is it eligible for a surety bond?								<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Licenses, Certificates and Accreditations								
List licenses, certificates and accreditations of the Firm (<i>and executive, professional and supervisory employees, if relevant</i>).								
Have any licesnses, bonds, certificates or accreditations ever been revoked, suspended, restriced, or in any manner, limited or terminated? If yes, explain. (<i>Answer yes, even if license has since been restored.</i>)								<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Prior Experience								
Has the management agent (<i>or any of its principals and affiliates</i>) ever had a limited denial of participation from HUD or been debarred, suspended or voluntarily excluded from participation in any federal or state program? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the management agent <i>(or any of its principals or affiliates)</i> participated in the development or operation of a project that experienced a default? If yes, provide the number of developments and explain <i>(including the name and location of the development, circumstances surrounding each default, its cure, workout and mortgage modification arrangements, assignments, foreclosures, etc.)</i> .								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the management agent taken on the management of defaulted or foreclosed properties?, If yes indicate owner and mortgagee, experience with such properties and whether the properties returned to sustaining status.								<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Contract Status								
Have any property management contracts held by the management agent over the past five years been terminated prior to their expiration date? If yes, provide the number of contracts and explain <i>(including the name and location of the development, mortgagor and reason surrounding the termination)</i> .								<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any property management contracts held by the management agent over the past five years not been renewed upon expiration? If yes, provide the number of contracts and explain <i>(including the name and location of the development, mortgagor and reason surrounding the non-renewal)</i> .								<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Bankruptcy								
Has a petition of involuntary bankruptcy ever been filed against the management agent? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the management agent ever filed a petition of bankruptcy? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the management agent ever made an assignment for the benefit of creditors? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any unsatisfied judgments outstanding against the management agent or any of its principals or affiliates?, If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the management agent been a party to any litigation during the past five years?								<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.								
CERTIFICATION								
The undersigned hereby certifies that he/she is the duly authorized representative of the management agent and that the information set forth in this document, and in any attachment in support thereof, is true, correct and complete to the best of his/her knowledge and belief.								
(Date)			(Full legal name of firm)					
			Signature:					
			Name:					
			Title:					

		APARTMENT MANAGEMENT AND MARKETING EXPERIENCE <i>List developments managed by:</i>									
Name and Address of Development	Services Performed	Type of Structures	Number of Units	Type of Mortgage Financing	Subsidy Program (if any)	Name and Address of Owner	Management Fee (% or per Unit)	Marketing Fee (if any)	Dates of Service (started/ended)		
	Management Initial Marketing										
	<input type="checkbox"/> <input type="checkbox"/>										
	<input type="checkbox"/> <input type="checkbox"/>										
	<input type="checkbox"/> <input type="checkbox"/>										
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	<input type="checkbox"/> <input type="checkbox"/>										
	<input type="checkbox"/> <input type="checkbox"/>										



DEVELOPMENT TEAM INFORMATION

DEVELOPMENT TEAM MEMBERS													
Developer													
Mailing Address													
Contact											Phone	()	-
Title											Fax	()	-
D&B Duns Number											E-mail		
Guarantor													
Mailing Address													
Contact											Phone	()	-
Title											Fax	()	-
D&B Duns Number											E-mail		
General Contractor													
Mailing Address													
Contact											Phone	()	-
Title											Fax	()	-
D&B Duns Number											E-mail		
Management Agent													
Mailing Address													
Contact											Phone	()	-
Title											Fax	()	-
D&B Duns Number											E-mail		
Consultant													
Mailing Address													
Contact											Phone	()	-
Title											Fax	()	-
D&B Duns Number											E-mail		
Architect													
Mailing Address													
Contact											Phone	()	-
Title											Fax	()	-
D&B Duns Number											E-mail		
Nonprofit Participant													
Mailing Address													
Contact											Phone	()	-
Title											Fax	()	-

D&B Duns Number					E-mail			
MBE/WBE Participant								
Mailing Address								
Contact					Phone	()	-	
Title					Fax	()	-	
D&B Duns Number					E-mail			
DEVELOPMENT TEAM MEMBERS								
Equity Provider								
Mailing Address								
Contact					Phone	()	-	
Title					Fax	()	-	
D&B Duns Number					E-mail			
Closing Attorney								
Mailing Address								
Contact					Phone	()	-	
Title					Fax	()	-	
D&B Duns Number					E-mail			
Private Lenders								
Mailing Address								
Contact					Phone	()	-	
Title					Fax	()	-	
D&B Duns Number					E-mail			
Private Lenders								
Mailing Address								
Contact					Phone	()	-	
Title					Fax	()	-	
D&B Duns Number					E-mail			
Private Lenders								
Mailing Address								
Contact					Phone	()	-	
Title					Fax	()	-	
D&B Duns Number					E-mail			
DEVELOPMENT TEAM HISTORY								
Are there direct or indirect identity of interests, financial or otherwise, among any members of the development team? If yes, explain.							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

Has any development team member* participated in the development or operation of a project that has defaulted on a Department or other government or private sector loan in the previous ten (10) years? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any development team member* consistently failed to provide documentation required by the Department in connection with other loan applications or the management and operation of other, existing developments? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any development team member* have a limited denial of participation from HUD or is any development team member* debarred, suspended or voluntarily excluded from participation in any federal or state program, or have been involuntarily removed within the previous ten (10) years as a general partner or managing member from any affordable housing project whether or not financed or subsidized by the programs of this Department? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any development team member* acting in the roles of sponsor, developer, guarantor or owner have any chronic past due accounts, substantial liens, judgments, foreclosures or bankruptcies within the past ten (10) years? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any development team member* received a reservation, allocation or commitment of funding or a carryover allocation of tax credits from the Department within the last four years that it was unable to use, or place their project in service within the time allowed by the tax credit program? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any development team member* have unpaid fees due to the Department on other projects, or for general partners or management agents, have tax credit compliance problems resulting in the issuance of an IRS Form 8823 and that are still outstanding in the following year? If yes, explain.								<input type="checkbox"/> Yes <input type="checkbox"/> No
* i.e., Applicant, Developer, Guarantor Owner, Architect, General Contractor, Management Agent, Consultant.								
LOCAL AND SMALL DISADVANTAGED BUSINESS ENTERPRISE (LSDBE) PARTICIPATION (voluntary)								

Are any of the development team members LSDBEs? If yes, provide the following data on the business (mark all that apply):								<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Black					
<input type="checkbox"/>	Asian or Pacific Islander	<input type="checkbox"/>	Female					
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Other:					
Is the entity an Office of Human Rights certified LSDBE?								<input type="checkbox"/> Yes <input type="checkbox"/> No
NONPROFIT PARTICIPATION (<i>voluntary</i>)								
Are any development team members* nonprofit entities?								<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a nonprofit entity involved in the project in a role other than as a development team member*? If yes, describe the entity's role.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the nonprofit entity headquartered in the same community as the project?								<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the nonprofit entity provide services to the same community as the project? If yes, describe the services provided.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the nonprofit entity have a board of directors that includes community residents or members of organizations headquartered in the same community as the project? If yes, show the percentage of the board that is community-based and describe the services provided.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the nonprofit entity affiliated with or controlled by a for-profit organization? If yes, describe the affiliation.								<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the nonprofit entity tax-exempt under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code?								<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the nonprofit entity's exempt purpose include the fostering of low income housing?								<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMUNITY-BASED INVOLVEMENT (<i>voluntary</i>)								

Does the project involve the DC Housing Authority or DC Housing Finance Agency? If yes, describe the DCHA/DCHFA's role.								<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>* i.e., Applicant, Developer, Guarantor Owner, Architect, General Contractor, Management Agent, Consultant.</i>								
COMMUNITY REVITALIZATION								
Is the project in a neighborhood classified as one of the following:								
SNIPS								<input type="checkbox"/>
NRSA								<input type="checkbox"/>
Federal or District Enterprise Community/Empowerment Zones								<input type="checkbox"/>
Main Street project area								<input type="checkbox"/>
Is the project located in a qualified census tract as defined in Section 42(d)(5)(C) of the Internal Revenue								
Code? If yes, describe.								<input type="checkbox"/> Yes <input type="checkbox"/> No

EXHIBIT O: FINANCIAL STATEMENTS

Financial statements for the three fiscal years prior to the application and interim financial statements through the previous quarter are required for the borrowing entity (if formed), the principals of the borrowing entity and the proposed guarantor (if different). Each financial statement must identify all contingent liabilities, guarantees on other developments in process and operating deficits.

Financial statements must meet the Department's standards. If the most recent fiscal year ends within 3 months of or after the submission period, the applicant shall submit financial statements for the three prior fiscal years plus interim financial statements through the previous quarter of the most recent fiscal year that have been certified. Financial statements must meet the following standards:

- For corporations or other business entities, financial statements must be audited by an independent certified public accountant (CPA) and clearly indicate the net worth and working capital of each entity;
- For individuals, financial statements at a minimum must be compiled by an independent CPA and clearly indicate the net worth and working capital and contingent liabilities, included liability for estimated or accrued income or other taxes, for each person; and
- Compiled individual statements must also be prepared in accord with Generally Accepted Accounting Principles (GAAP) and signed and certified by the individual(s) using the following text:

"I (we) hereby certify that these financial statements are true and correct to the best of my (our) knowledge and belief."

Upon written request and at the Department's discretion, the requirement for audited statements may be waived if applicants have an acceptable borrowing history as evidenced by past performance with the Department or other lenders. In this event, compilations of financial statements that have been prepared by an independent CPA may be accepted. However, the compilation must meet the requirements for such compilations as described above.

On an individual basis, so that only updates and current year financial statements are required with each application. Credit references from at least three previous lenders must also be provided.

ATTACHMENTS

- ☐ Financial Statement (prepared by independent CPA)
- ☐ Credit References

EXHIBIT P: LOCAL/SMALL AND DISADVANTAGED BUSINESS ENTERPRISES

The Department will consider the extent to which the project includes specific and significant involvement by the entity and the capacity of the entity to carry out its role. A description of the entity's role in the development or operation of the project is necessary along with a resume that addresses the experience and qualifications of the entity. This should contain information on the entity's experience in other projects of similar type, scale and complexity and in a similar capacity. The application must include letters of intent from the organization that document the specific services or products to be provided to the project.

In addition, in order to verify the entity's status, LSDBEs must submit a copy of their District certification.

ATTACHMENTS

- ☐ Description of Entity's Role
- ☐ Resume
- ☐ Letters of Intent
- ☐ LSDBE Certification

- ☐ **Not Applicable.** For projects that do not include an eligible entity, no information is required.

EXHIBIT Q: NONPROFIT OR PUBLIC HOUSING AUTHORITY / HOUSING FINANCE AGENCY PARTICIPATION

Ranking points are awarded to projects in which the development team includes one of the following entities:

- Nonprofit organization that is tax-exempt under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code and not affiliated with or controlled by a for-profit entity
- D.C. Housing Authority
- D.C. Housing Finance Agency

The Department will consider the extent to which the project includes specific and significant involvement by the entity and the capacity of the entity to carry out its role. For applicants that are seeking points under the selection criterion, a description of the entity's role in the development or operation of the project is necessary along with a resume that addresses the experience and qualifications of the entity. This should contain information on the entity's experience in other projects of similar type, scale and complexity and in a similar capacity. The application must include letters of intent from the organization that document the specific services or products to be provided to the project.

In addition, please provide evidence of the entity's status. Nonprofit entities must submit articles of incorporation, bylaws, evidence of an IRS ruling that it is a qualified 501(c)(3) or 501(c)(4) nonprofit organization, and a list of its board of directors. An attorney's opinion letter that the non-profit is not affiliated with or controlled by a for-profit entity is required only if a qualified non-profit will have a controlling interest in the borrowing entity.

ATTACHMENTS

- ☐ Description of Entity's Role
- ☐ Resume
- ☐ Letters of Intent

Nonprofit Entities

- ☐ Articles of Incorporation
- ☐ Bylaws
- ☐ IRS Ruling of 501(c)(3) or 501(c)(4) Nonprofit Organization
- ☐ List of Board of Directors
- ☐ Attorney's Opinion Letter, if the qualified non-profit will have a controlling interest in the borrowing entity
- ☐ **Not Applicable.** For projects that do not include an eligible entity or where the applicant is not seeking points under this selection criterion, no information is required.

EXHIBIT R: LOCAL SUPPORT AND INVOLVEMENT

LOCAL SUPPORT

As a condition of closing, the applicant must include a resolution or letter of support from the affected Advisory Neighborhood Commission(s) (ANC). The resolution or letter must indicate its support of the project in the current round of competition. Support should not be contingent upon the completion of tasks or improvements that are unrelated to the project, such as off-site work that is not necessary for completion of the project. Applicants may attach a resolution or letter if they have it at the time of application.

ATTACHMENTS

- ☐ Resolution or letter of support from ANC
- ☐ **Not Applicable.** Resolution or letter of support is not available at the time of application.

ADVISORY NEIGHBORHOOD COMMISSION CHAIRS (ANCs)

Name	Title	Ward	Telephone Number
Deborah Thomas	Chair	ANC - 1B	(202) 265-3871
Alan J. Roth	Chair	ANC - 1C	(202) 347-3030
Will Grant	Chair	ANC – 1D	(202) 305-1803
Dorothy Miller	Chair	ANC – 2A	(202) 332-0191
Vince Micone	Chair	ANC – 2B	(202) 607-8429
Leroy J. Thorpe, Jr.	Chair	ANC – 2C	(202) 387-1596
Sandra Perimutter	Chair	ANC – 2D	(202) 822-6070
Thomas L. Birch	Chair	ANC – 2E	(202) 347-3666
Cary Silverman	Chair	ANC – 2F	(202) 238-9109
Melissa J. Lane	Chair	ANC – 3B	(202) 276-0681
Nancy J. Macwood	Chair	ANC – 3C	(202) 966-5333
Alma Hardy Gates	Chair	ANC – 3D	(202) 338-2218
Amy Bauer McVey	Chair	ANC – 3E	(202) 966-7047
Karen L. Perry	Chair	ANC – 3F	(202) 363-6748
Robert Gordon	Chair	ANC – 3G	(202) 285-1379
James H. James	Chair	ANC – 4A	(202) 291-3202
Jeffrey H. Tignor	Chair	ANC – 4B	(202) 291-6282*
Timothy Jones	Chair	ANC – 4C	(202) 722-0701
Keith Jackson	Chair	ANC – 4D	(202) 882-4301
Norma M. Broadnax	Chair	ANC – 5A	(202) 529-6399
Joan E. Black	Chair	ANC – 5B	(202) 806-1526
James D. Barry, Jr.	Chair	ANC – 5C	(202) 387-8520
Joseph Fengler	Chair	ANC – 6A	(202) 423-8868
Julie S. Olson	Chair	ANC – 6B	(202) 544-7247
Robert L. Hall, Jr.	Chair	ANC – 6C	(202) 548-0424
Ahmed Assalaam	Chair	ANC – 6D	(202) 479-4107
Angela J. Murphy	Chair	ANC – 7A	(202) 584-1629
Kathy Chamberlin	Chair	ANC – 7B	(202) 581-8272
Muriel Chambers	Chair	ANC – 7C	(202) 398-5100*
Christine M. Tolson	Chair	ANC – 7D	(202) 582-6360*
Naomi P. Robinson	Chair	ANC – 7E	(202) 582-6360*
Anthony Muhammad	Chair	ANC – 8A	(202) 889-5168
Jacque D. Patterson	Chair	ANC – 8B	(202) 610-4827
Mary J. Cuthbert	Chair	ANC – 8C	(202) 246-9410
Soisette Lumpkin	Chair	ANC – 8D	(202) 246-9410
Sandra Seegars	Chair	ANC – 8E	(202) 561-6616

* Alternate telephone numbers to the ANC Office for the specified Ward.

EXHIBIT S: TENANT SERVICE PLAN

A draft of the plan for providing services for the tenants should be developed if the applicant will provide services under an elderly or special needs housing proposal. The plan should outline the strategy for creatively linking existing service programs into the design of the project. The plan should clearly identify the types of services to be offered, the method for financing the services, a budget with clearly identified funding sources for the services and the organizations that are anticipated to provide services or products. The plan should be specific to the project and include letters of interest from anticipated service providers.

ATTACHMENTS

- ☐ Draft Tenant Service Plan (see attached guidelines)
- ☐ Letters of Intent from Service Providers

- ☐ **Not Applicable.** For projects that will not provide tenant services, no information is required.

GUIDELINES FOR DEVELOPING A TENANT SERVICE PLAN

Describe the processes and procedures for carrying out the tenant services. The plan will be evaluated based on the extent to which it is comprehensive, well defined, feasible, appropriate for the proposed tenant population, innovative and involves a unique collaboration, partnership, ownership or management structure. Projects that include on-site services must be designed to include the necessary physical space for the services. More consideration will be given for services that are actively linked to the residents and not simply provided to the community at large. Tenant Service Plans, at a minimum, should address the following questions.

- 1.** What are the tenant services that will be provided at the project?

- 2.** How will the tenant services be financed?

- 3.** What organizations will provide services or products and how will the services from other organizations be coordinated or delivered to the tenants?

- 4.** Which tenant services will be provided on-site? (Indicate what facilities are available at the project site for providing these tenant services.)

- 5.** What are the projected costs of the planned services and how will these services be funded? (Project sources also should be identified in the operating proforma in the CDA Application Form.)

- 6.** Which tenant services will be provided off-site? (Indicate what facilities are available within the community for these tenant services and what access the tenants will have to these facilities.)
